

**CITY OF EL PASO, TEXAS**  
**AGENDA ITEM DEPARTMENT HEAD'S SUMMARY FORM**

**DEPARTMENT:** Fire

**AGENDA DATE:** March 1, 2005

**CONTACT PERSON/PHONE:** Donald Berger 771-1010

**DISTRICT(S) AFFECTED:** All

**SUBJECT:**

**APPROVE** a resolution / ordinance / lease to do what? **OR AUTHORIZE** the City Manager to do what? Be descriptive of what we want Council to approve. Include \$ amount if applicable.

Approve a resolution authorizing the Mayor to sign Department of Emergency Management Form 147 to name Donald Berger as City-County Emergency Management Coordinator

**BACKGROUND / DISCUSSION:**

Discussion of the what, why, where, when, and how to enable Council to have reasonably complete description of the contemplated action. This should include attachment of bid tabulation, or ordinance or resolution if appropriate. What are the benefits to the City of this action? What are the citizen concerns?

Action is to replace Fire Deputy Chief Ray Apodaca who retired in December 2004. The office has been staffed by an interim Coordinator since December

**PRIOR COUNCIL ACTION:**

Has the Council previously considered this item or a closely related one?

Yes

**AMOUNT AND SOURCE OF FUNDING:**

How will this item be funded? Has the item been budgeted? If so, identify funding source by account numbers and description of account. Does it require a budget transfer?

The position is currently budgeted

**BOARD / COMMISSION ACTION:**

Enter appropriate comments or N/A

N/A

\*\*\*\*\*REQUIRED AUTHORIZATION\*\*\*\*\*

**LEGAL:** (if required) \_\_\_\_\_ **FINANCE:** (if required) \_\_\_\_\_

**DEPARTMENT HEAD:** S. SURFACE ACTING F.C.  
(Example: RCA is initiated by Purchasing, client department should sign also)  
*Information copy to appropriate Deputy City Manager*

**APPROVED FOR AGENDA:**

**CITY MANAGER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## RESOLUTION

CITY CLERK DEPT.  
05 FEB 16 AM 11:17

BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EL PASO:

THAT the Mayor be authorized to sign Division of Emergency Management form DEM-147 Emergency Management Director/Coordinator Notification between the CITY OF EL PASO and the STATE OF TEXAS GOVERNOR'S DIVISION OF EMERGENCY MANAGEMENT (GDEM). The form authorizes Fire Deputy Chief Donald Berger to be identified as El Paso City/County Emergency Management Coordinator. Section 418.101 of the Texas Government Code requires this notification.

APPROVED this \_\_\_\_\_ day of \_\_\_\_\_, 2005.

CITY OF EL PASO

\_\_\_\_\_  
Joe Wardy  
Mayor

ATTEST:

\_\_\_\_\_  
City Clerk

APPROVED AS TO FORM:

\_\_\_\_\_  
Ernesto Rodriguez  
Assistant City Attorney

APPROVED AS TO CONTENT:

\_\_\_\_\_  
Steve Surface, Assistant Fire Chief  
Fire Department

## EMERGENCY MANAGEMENT DIRECTOR/COORDINATOR NOTIFICATION

Section 418.101 of the Texas Government Code provides that the presiding officer of each political jurisdiction of the State shall notify the Division of Emergency Management (DEM) of the manner in which the political subdivision is providing an emergency management program and identify the person who heads that program. This form is used to make the required notification to DEM.

If the jurisdiction is party to an inter-jurisdictional emergency management program and the same individual has been appointed as the Emergency Management Coordinator for two or more jurisdictions within the county, the County Judge and the mayors of all cities participating in the inter-jurisdictional program must sign this form. Additional signature blocks are provided on the reverse.

This information on this form may be released to those inquiring about local emergency management programs and others pursuant to the Texas Open Records Act. Hence, DEM recommends that you provide business addresses and telephone numbers rather home addresses and telephone numbers.

**Please PRINT or TYPE**

### *PRESIDING OFFICER*

Jurisdiction Name	County of El Paso
Title	<input type="checkbox"/> County Judge <input checked="" type="checkbox"/> Mayor
Name	Joe Wardy
Mailing Address	#2 Civic Center Plaza
City, State, Zip	El Paso, Texas 79901
Office Phone	(915) 541-4145
Fax Number	(915) 5541-4501
E-mail Address	

### *EMERGENCY MANAGEMENT PROGRAM STATUS*

- ☐ I HAVE NOT appointed an Emergency Management Coordinator and will personally direct the local emergency management program.
- ☒ I HAVE appointed/re-appointed the Emergency Management Coordinator identified below to conduct the emergency management program for this jurisdiction. The effective date of appointment is:

### *EMERGENCY MANAGEMENT COORDINATOR*

Name	Donald R Berger
Title	Coordinator
Mailing Address	8600 Montana Ave.
City, State, Zip	El Paso, Texas 79925
Office Phone	(915) 771-1010
Fax Number	(915) 771-1026
E-mail Address	

\_\_\_\_\_  
**Mayor Signature**

\_\_\_\_\_  
**Date**

PLEASE RETURN TO:  
State Coordinator  
Division of Emergency Management  
Texas Department of Public Safety  
PO Box 4087-0220  
Austin, TX 78773-0220  
FAX: (512) 424-2444